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ABDOMINAL HYSTERECTOMY FOR FIBROID TUMORS OF THE UTERUS.*

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Abdominal hysterectomy for fibroid tumors of the uterus is essentially an American operation. I offer this assertion on the grounds that the first deliberate operation of this kind was done in America, and that the contribution of such men as Koeberly, Pean, Hegar, Olshousen, Martin and others in Europe, were temporary efforts directed mainly to hemostasis. And further, that perfection of the technique, placing this operation on a high plane of success, was accomplished on this side of the Atlantic.

The first operation was done by Kimball, of Lowell, Mass,, who followed a technique very similar to that which is practiced today. But it was defective in hemostasis and contributed to infection, consequently many devices were employed later for the prevention of hemorrhage. Prominent among men working to correct this fault were the distinguished surgeons above mentioned.

A striking advance was made by the adoption of the elastic ligature and Koeberly's serrenoeud around the neck of the uterus, and extra-peritoneal fixation of the stump which perfectly controlled the blood supply of the uterus and transferred the liability of infection from an intra-peritoneal to an extra-peritoneal point. Though the

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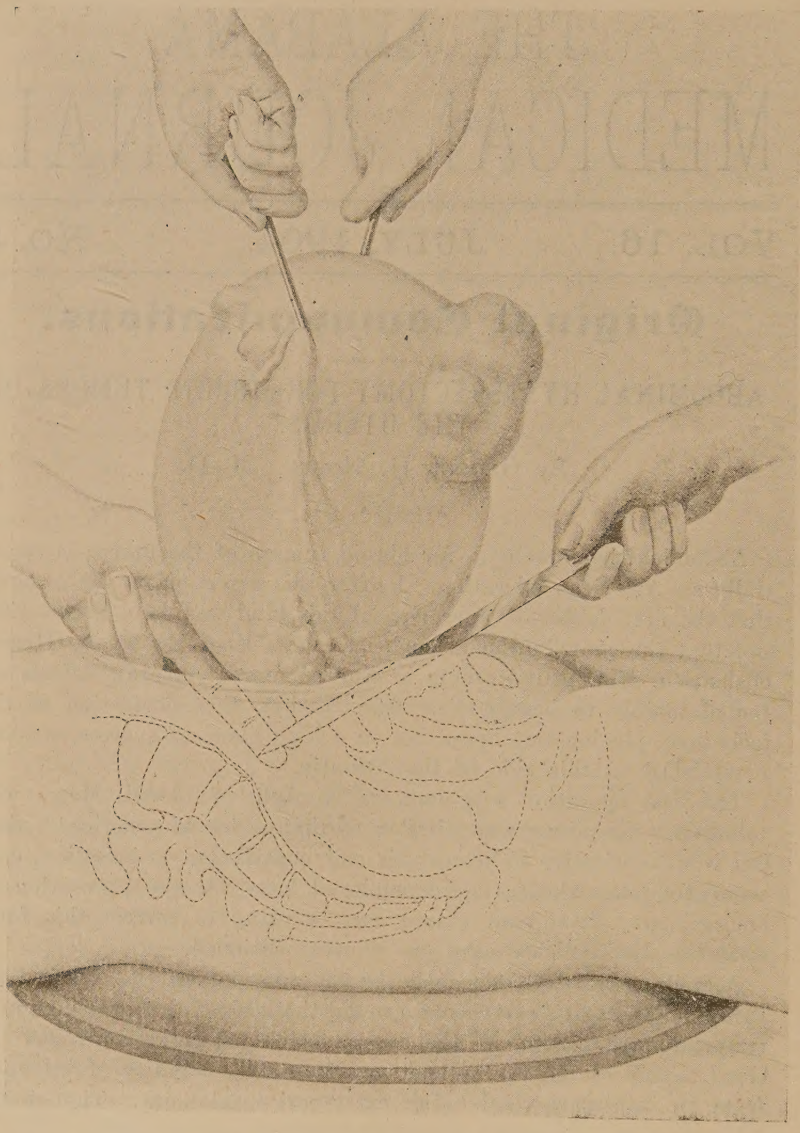

Fig. I. First Step in bisection of tumor.

improvement was considerable, mortality, when compared with results now obtained, was high.

Martin in 1878 first used the elastic ligature which was later substituted by the rubber tube. Though it prevented hemorrhage it was followed by infection, sloughing of the stump, hernia and slow recovery, which were serious objections. Schroeder, endeavoring to over-

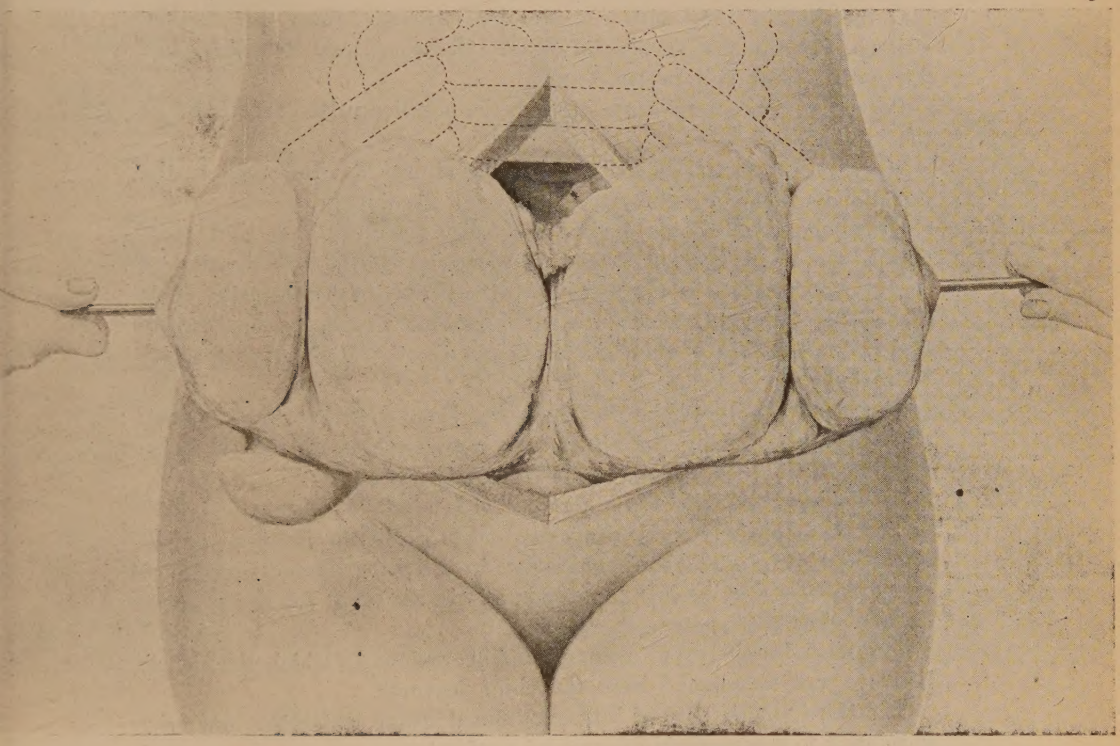

Fig. II. Tumor Bisected. Dotted lines show author's pad for holding up intestines.

come these drawbacks, stitched the stump together, practicing what is known as intra-peritoneal pedicle. Disappointment followed his technique on account of a certain amount of hemorrhage which the sutures failed to control.

Freund attempted to effect drainage from the intra-peritoneal

stump by surrounding it with a rubber canal made of a cundum, one end of which was brought out of the abdominal wound. He hoped by isolating the stump in this way to shut out infection from the peritoneal cavity; but it never became popular.

Olshousen and Zweifel constructed the pedicle by the elastic ligature and dropped same within the pelvis, but as it was attended with direful results the plan was soon discarded.

Wolfer and Hacker sutured the stump to the inner side of the abdominal incision in 1884 with considerable success. With this method Fritsch had nineteen successful cases. Olshousen and Schroeder had thirty-nine cases and twelve deaths.

Pozzi was also an advocate of this, the socalled mixed treatment of the stump.

Martin then practiced excision of the stump, adding much to the technique of abdominal hysterectomy for fibroids.

Up to the time of this method mortality was very high, and it remained for an American surgeon to recognize that simple ligation of the uterine arteries is the most effective means of hemostasis. This step is the foundation upon which technique has been constructed, and it is deserving of more credit than any other feature of the late operations.

The blood supply of the uterus having been known for such a long time it is astonishing that Baer, or some one else, did not practice ligation of the uterine arteries at an earlier date.

In looking back over the history of abdominal hysterectomy it will be observed that there are three distinct steps in the progress of the operation. First, Kimball's operation in which he ligated very much as we do now, but he left long ends of his ligatures for the purpose of removing them after separation.

The second step covers a number of operations in which the elastic ligature and serrenoeud were the chief features.

The third step is that of intra-peritoneal stump which has now been developed to a remarkable degree of perfection.

In the gradual development of methods the second and third steps were more or less mixed in the transition from one to the other, that is, the elastic ligature with fixation of the stump to abdominal incision, dropping of the stump with elastic ligatures applied and suturing of the stump conjoined with intra-abdominial but extra-peritoneal fixations were practiced.

At the time the elastic ligatures were used an innovation was made by Martin that very nearly approached the late operation. He intro-

duced the bisection of the uterus, splitting the organ down close to the rubber ligature for the purpose of inspecting the number and relation of tumors in the paryenichematous structure of the uterus. If they were few in number or could be enucleated without tediousness, the operation was completed as a myomectomy, but if it was impracticable to remove all tumors, especially if they were small and numerous,

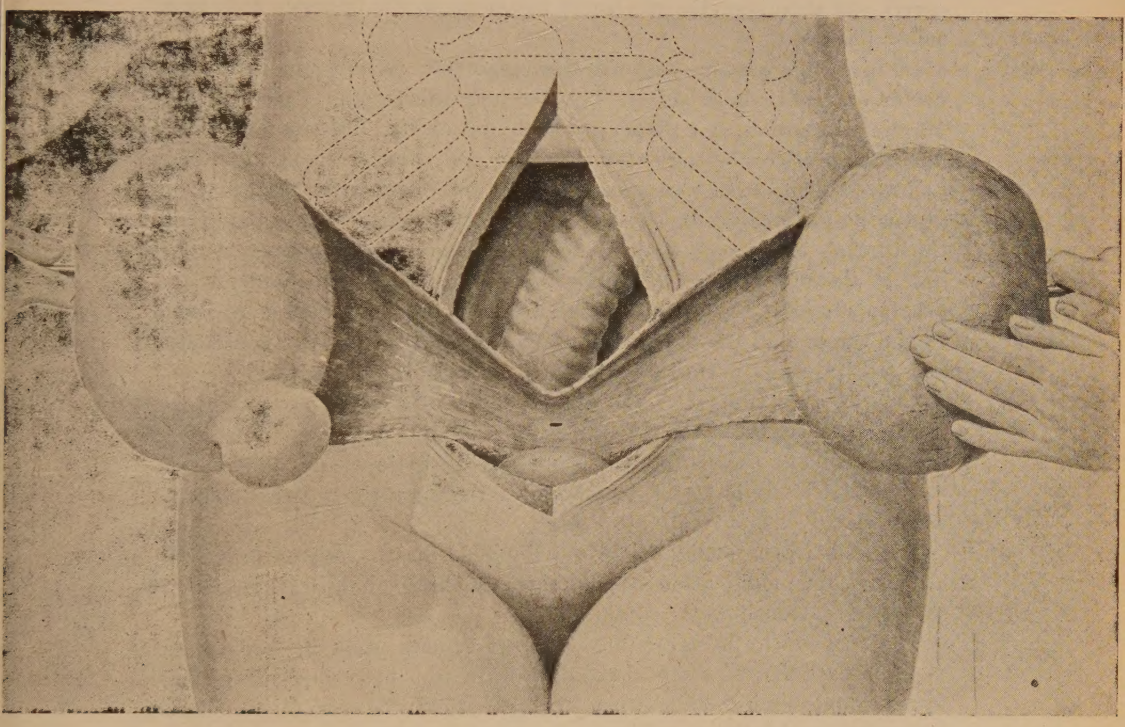

Fig. III. Halves of tumor enucleated and rolled out.

he cut each half of the uterus off just above the elastic ligature and finished as a hysterectomy.

If he had gone a step further by dropping the elastic ligature and ligating the uterine arteries as Baer did later, he would have almost reached the present state of technique in one bound.

In the third step the difference in the technique consists in different ways of accomplishing the same thing. All ligate or hemostas the

ovarian and uterine arteries; some before removing the uterus, others after that organ has been extirpated.

The common method employed is that of ligating the broad ligament on either side, followed by amputation of the uterus through the neck. This is often a tedious and difficult procedure, and on that account it led up to the adoption of the Kelly continued incision, going down the broad ligament on the one side, cutting across the cervix and then severing the broad ligament on the opposite side from below upward.

In intra-ligamentous fibroids this operation is liable to injure the ureter on one or both sides. To overcome this danger Prior adopted Martin's bisection, but dispensed with the elastic ligature and relied upon compression of the ovarian vessels and traction upon the uterus to prevent hemorrhage from the uterine arteries. After bisecting the uterus he penetrated the capsule of the intra-ligamentous tumor from the uterine cavity and eneucleated the fibroid, then amputated each half of the uterus after Martin's method and ligated the uterine and ovarian vessels. By this means manipulations are confined to capsules of the tumor and the danger of injuring important vessels is avoided, and the ureter is permitted to return to its normal position.

Large fibroid tumors of the uterus, filling the pelvic cavity and extending above the brim to either side of the abdomen, not infrequently subject the patient to prolonged operations and unnecessary loss of blood. It is to the technique of the operation in this class of cases that I wish to call attention.

It consists in a combination of principles that have been practiced, and in some modification of the same, making an operation that is worthy of attention.

The removal by hysterectomy of large tumors when the broad ligament is first ligated from above downward is a procedure often beset by many mechanical difficulties. The practical inaccessibility of these ligaments, under the conditions mentioned, and extreme tension upon which the tumor puts them often subject the patient to such a prolonged operation and so tax the surgeon's ingenuity that any plan promising more working space should meet with careful consideration. I take pleasure, therefore, in reporting a procedure which greatly expedites the removal of such fibroids and gives the operator at all times excellent control over the blood supply of the parts.

The operation has as its underlying principle the bisection of tumor and uterus, together with subsequent partial enucleation of each half of the tumor separately.

When the abdomen has been opened and the tumor delivered through the incision the intestinal retainer is introduced so as to clear the pelvic field for the manipulations to follow. The broad ligament and cornua of the uterus are caught with morcellation forceps, as described by Kelly in bisection of the uterus in inflammatory diseases. The ovarian arteries are thus compressed and traction of the tumor

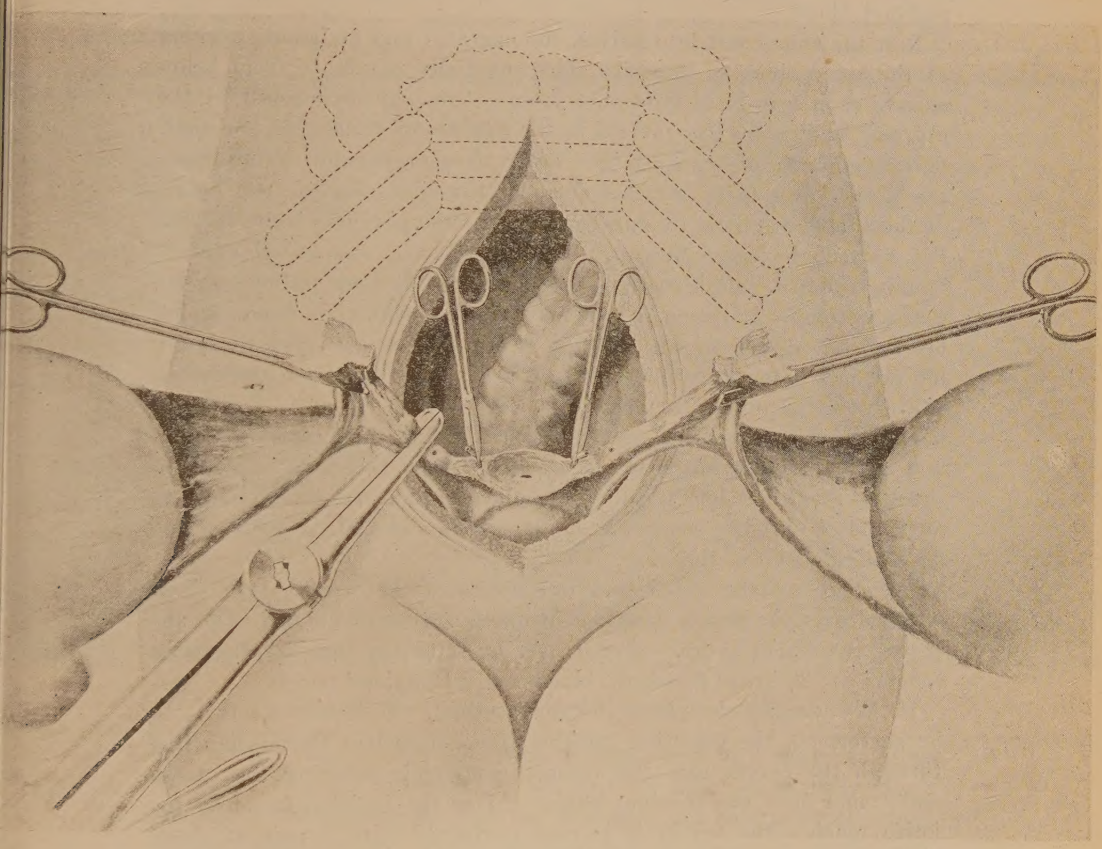

Fig. IV. Uterine Arteries clamped, angiotribe on right broad ligament.

upward checks the flow through the uterine arteries. The large veins on the surface of the fibroid and uterus (usually anterior), except those obstructed by the forceps, at once become empty.

The bladder having been pushed off, the tumor is rapidly bisected in the median line of the uterus. For this purpose I use a large

hip-joint amputating knife, shaped like a curved bistouri, which can be easily passed through the cervix or corpus uteri, and the tumor cut open from below upward, or the section may be made from above downward with a large scalpel; rapid strokes quickly divide the tumor into equal parts, the incision continuing downward in the median line of the uterus to the cervix. The bleeding is insignificant, amounting in fact to very little more than the discharge of residual blood.

Now the tumor cut into halves, the operator and assistant, working at the same time on opposite sides, partially enucleate from below upward each section of the tumor from its capsule or bed in the uterus. The halves are rotated in the process of enucleation on their outer (upper) cut margins, the inner (lower) margin describing a semicircle in transit. At this stage of the operation the two halves of the tumor are lying on opposite sides of the patient's body, the flat cut surface looking downward and the convex enucleated surface looking upward. Both sections are connected by long pedicles to the uterine stump. It being understood that the original incission which bisected the uterus has been carried as far down as the cervical region, lateral cuts after Martin's method, sever the uterus from the stump and expose the uterine arteries which should be tied. The remaining portion of the pedicle now consists of part of the broad ligaments only, and having been compressed with angiotribe are tied with catgut and the mass on either side cut away. In place of ligatures Brown's instrument may be used to secure the blood vessels and seal the folds of the broad ligament together.

The edges of the outer muscular layers of the cervix are then stitched over the stump with a continuous suture of catgut. The adjacent raw surfaces are covered over by stitching together the peritoneum of the broad ligament, bladder and Douglass' pouch.

If, however, in the place of supra-vaginal, pan-hysterectomy is to be performed, the bisecting incision is continued in the median line through the cervix into the vagina, completely severing the uterus and tumor into two distinct parts. After the incision made by the knife reaches the cervix it is best continued with a pair of sharp pointed scissors. Immediately following the partial enucleation above described, one blade of the scissors is passed through the cervical canal and the point of the other blade pierces the vaginal wall behind the cervix; the posterior wall of the cervix is then split open, the incision extending a short distance down the vagina. The anterior wall of the cervix is opened in the same way, with the finger in the vagina as a

guide; one prong of the scissors pierces the vagina between the cervix and bladder, the other enters the vagina through the incision last made.

Excision is completed by grasping the vaginal portion of the cervix on one side with a small pair of morcellation forceps, making firm traction and cutting from below upward, first severing the cervix from the vagina, then cutting close to the uterus, avoiding the ureters and uterine arteries. When the lower half or the broad ligament has

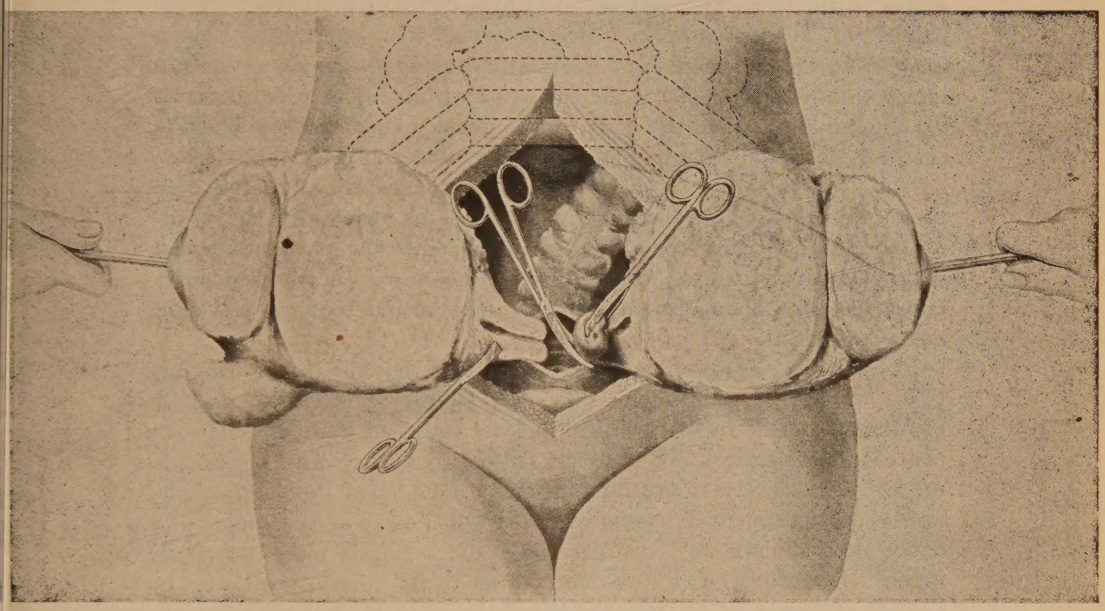

Fig. V. Procedure for complete hysterectomy.

been severed, one side of the bisected uterus may be turned out of the abdomen. Similar treatment of the opposite side clears away all obstructions to manipulations in the abdomen and pelvis, greatly facilitating ligation of the uterine arteries held in the grasp of the compression forceps. If the pedicles are thick they should be clamped externally to the ovaries with the angiotribe and subsequently ligated in the track of the instrument. It will be observed that each half of the uterus is removed very much after the manner in which Doyen removes that organ in one piece, that is, delivering cervix first. Bleeding from the vaginal wall may demand a few ligatures or stitches.

When this has been looked after the peritoneum is stitched over with raw surfaces in the bottom of the pelvis and the remainder of the operation finished in the usual manner.

The advantages of combined bisection of the tumor and uterus with partial enucleation are: saving in time, decreased loss of blood, increased working space, easy manipulation and safety against injury to the ureters and uterine arteries. The advantage of time saving is apparent to all, since prolonged operations contribute largely to shock. The hemorrhage consists of only a small amount of residual blood that remains in the veins and sinuses. It drops down in the bottom of the pelvis and can be removed by a few strokes of the sponge . No blood escapes during the process of enucleation, as the parts separated are either within the capsule of the tumor or within the external layer of the muscular fibers of the body of the uterus. Oozing of the blood is confined almost entirely to this layer of muscle, and can be controlled absolutely by traction on the forceps. As enucleation of the bisected tumor rapidly removes the bulky mass from the abdominal cavity, increasing the working space and rendering subsequent manipulation easy, it is an advantage that any one who sees it must necessarily appreciate, for an unobstructed field of operation requires less skill and manipulation.

The feature of great importance is the fact that the ureters are not liable to injury even though they may be very much misplaced by growing tumors. In the operation above described the manipulations are confined to the space between these two ducts. The incision is made in the median line; enucleation is done from the same point, and when the ureter is passed over the upper part of the tumor and enucleation is done as above described, the tumor is rolled out from beneath it, permitting the ureter to drop to its normal position. In the old operation of ligating the broad ligament from the pelvic brim to the floor of the pelvis there is great danger of either tying the displaced ureter or severing it when cutting across the pedicle.

Since Baer's modification has been accepted the mortality, in the hands of best operators, has been estimated at five to seven per cent. And now I feel sure that this will again be reduced by the method presented to you, as my mortality is only two per cent. and in the last thirty* hysterectomies (done by this plan of treatment) there were no deaths.

In one case of multiple intra-ligamentous tumors done by simple bisection without enucleation, I had hemorrhage from slipping ligature. This accident was in no way due to the principle of the opera-

tion, as the pedicle was long and the ligature was placed upon the upper border of the broad ligament, but it was stiff chromosized catgut that would not tie closely. The case was badly complicated with adhesions in the pelvis and abdomen, covering the uterus and tumor with a mass of agglutinated viscera, through which I had to dig more than two inches to reach the fundus uteri. The operation consumed nearly an hour, most of the time being spent in separating the adhesions.

In this case a gauze drainage was inserted in the vagina to care for oozing. This also was the only exception to the rule of complete closure. I find that operations formerly requiring one or two hours by the ordinary method can be done in twenty to forty minutes, including closure of the abdomen in layer sutures.

*Since writing this paper I have had eight additional cases, making thirty-eight consecutively successful cases since the last death.

PASSING OF THE OLD-TIME DOCTOR—AN AFTER DINNER SPEECH.*

By George T. McWhorter, M.D.,

RIVERTON, ALA.

Mr. Toastmaster, and Gentlemen:

Nature, long known to be prodigal and careless of the individual life, was, for a long time, thought to be most careful of types. A little deeper study of the laws of variation led to the conclusion that types, like individuals, are subject to mutation, and mutation in the end means destruction. This conclusion might have been reasoned to in advance, for the continuous and unlimited destruction of the individual could only result in the final destruction of the type. When Nature herself is interrogated:

> "From scarped cliff and quarried stone,
> She cries, 'a thousand types are gone,
> I care for nothing, all must go!' "

The last quarter of the nineteenth century has witnessed the almost total destruction of an interesting and important type in medicine. I refer to the passing of the "doctor of the old school"—not the specialist, the gynecologist, the laparotomist, the alienist or the microscopist—but the well-rounded general practitioner of medicine

*Delivered at banquet at German Relief Hall, Mobile, April 21. 1904.

such as we knew in our boyhood days when we wore round-about jackets and played at mumble peg, and of whom we stood in wholesome awe.

Like the mighty Buffalo of the Western plain, he is going, and going fast, and unless you younger men shall quickly provide some sort of medical reservation, where a few individuals may be corraled and kept as types and curios, he must soon become a memory only—a mere tradition. When he is gone I hope, gentlemen, you will stand beside his grave with becoming reverence, for in his day he was a veritable Viking among the children of men.

Of the character and life work of these men I shall not attempt to speak at length tonight. Such a subject might well claim a volume and engage the pen of a Bledsoe or a McCaulay. I shall not attempt to describe the difficulties they encountered or the obstacles they overcame. I shall not try to tell you how, in long and lonely rides, they carried relief to suffering humanity, through pathless forests, over lofty mountains and across broad and rushing rivers; or to speak of their lonely vigils when they "watched the stars out by the beds of pain." I deem it unnecessary to allude to the utter insufficiency of their medical armamentum—the utter inadequacy of their therapeutic resources. The doctor of today, who has seen modern resources taxed to their uttermost to stanch a hemorrhage, cool a fever or control a delirium, must be filled with wonder that they accomplished so much with means so simple. Limited in means, they became fertile in resources, and learned to coax from every simple remedy its utmost virtue. To the positive effect of the drug they added the effect of a personality so commanding, a cheerfulness so constant, a confidence so unshaken, and a human sympathy so deep and true, that they often triumphed in the grim sruggle, when success under any conditions seemed impossible. We know that the conflicts they waged with disease were as cruel and unequal as were those in which the Emperor Commodus forced naked gladiators, armed with only broken swords, to combat with Numidian lions in the arena. That under such conditions they were often successful, and by their efforts and attentions snatched their patients from the jaws of death, is high tribute to their character. Called on to combat diseases with whose phenomena they were familiar, but whose origin or methods of attack they had no means of knowing or even of finding out—shot at with poisoned arrows of disease from ambushes they could not possibly discover, they yet maintained the unequal conflict with a courage, constancy and success which stamps them as the most heroic and resourceful of their species.

Were I asked to suggest to a painter or a sculptor a model for the doctor of the old school, I would suggest a mighty human figure bestriding and protecting a torn and bleeding child; with brow upraised and foot advanced, facing with grim determination a horde of savage, ferine foes that snapped and snarled on every side. I would paint the heavens black with pathological clouds and bursting with the roll of prodromal thunders. I would portray the vivid lightnings of developing disease, and show the fallen forest monarchs which marked the track of the epidemic tornado. Throughout the "stress and strain" I would have my hero maintain his attitude of defiance to the end; to the enemies of his race a menace and a terror; to the helpless of his own species a shield and a fortress; himself the sublimest thing in Nature—"a brave man struggling with the storms of fate!"

The rapid passing from the stage of action of a type so dramatic may well excite inquiry as to the causes that have led to his decadence. Weary of the unequal conflict has he voluntarily abandoned the life long struggle? Has he deserted the sick and the distressed whose suffering appealed to him so powerfully and successfully in the past? by no means! The blow that struck him down was given by a friendly hand. The wounds of which he perished were received in the house of friends. Amid advancing years and failing powers he has lived for a quarter of a century in a whirl of innovation so radical and so bold as to completely unsettle his convictions. He has been compelled to recast his views upon every subject within the domain of medicine. With him it has been a period of continuous readjustment with no halting place, no rest. Anarchists, waving red flags and threatening established order, have turned up on every side. He has seen the French revolution reenacted in medicine. His penates have been destroyed, his household gods desecrated. He has seen himself eclipsed in his specialty and surpassed in that line of work on which he particularly prided himself. The landmarks with which he was familiar have been taken away. The authorities he consulted and trusted have become obsolete. His Watson's and Wood's practice fell into innocuous desuetude years ago, and men less often quoted Niehemeyer and Flint. Antiphlogistics and venesection became a strange jargon to the ears of the rising generation, and caused him to be regarded with mingled commiseration and amusement. Your iconoclastic surgeons with their irreverent invasion of every organ and cavity of the human system have contributed to his down fall. Your Davises, Inges, Jacksons, Browns, Hills, et id omne genus, are largely responsible for the passing of the old-time doctor.

Did not Virchone declare only forty years ago that he would not stultify himself by discussing the suturing of a penetrating wound of the heart? Yet here comes a presumptuous Alabama doctor and proceeds not only to suture this indentical organ, but to demonstrate the entire propriety and feasibility of the operation by saving the patient! Can you conceive how that jarred the old timer? Think of the presumptuous disregard of all authority and precedent involved in such an operation! This man laid unhallowed hands upon the ark of the covenant, the center of the circulatory system; yet he did not drop dead, as the old-timer confidently expected he would, or permit his patient to die, as both the profession and the public expected. On the contrary he lived on, and enjoyed reasonably good health. Did the profession in Alabama try him and convict him on a charge of "lese majeste" as they might readily have done? Not at all. No charges were preferred, and some of the younger and more thoughtless went so far as to applaud. Had the old-school doctor not been taught in his student days that the peritoneal cavity was the sanctum sanctorum of the human system, not to be invaded except in direst emergency, and then only with fear and trembling. But here comes your pert laparotomist and tells him that in case of doubt it is his duty to make an exploratory incision. He must make a voyage of discovery into the most sensitive region of the anatomy of a living subject! How would a Jew of the Exodus period regard a Gentile who should set his foot within the holy of holies? Heaping Pelion on Ossa, the laparotomist aforesaid tells him, in a matter-of-fact way, that inasmuch as, in the process of evolution, a large proportion of the human family has already eliminated the vermiform appendix, a mere relict of an effete system; should he, in his explorations, incidentally come in contact with this organ, it would probably be well to remove it and avoid a possible danger for the future. Remove a healthy, God-created organ, to avoid a possible danger! Do you wonder that astonishment and indignation mingled with amazement and incredulity in the mind of the old time doctor? Yet he finds, on inquiry, that sixty autopsies showed the presence of the appendix in twenty-nine, and its absence in thirty-one. With this showing he is left in doubt as to whether a suit for malpractice can be made to lie.

He had indulged in many abstruse and subtle speculations as to the origin of yellow fever and malaria, but had always found himself groping in the dark with no solid ground beneath his feet. Now comes the biologist and tells him that both these diseases are distributed by the mosquitos that he has bred by myriads in his con-

venient horse pond. How many of his family, friends and neighbors had perished for lack of simple prophylactic measures? Can you not appreciate his sorrow that he has lived and ministered all these years without this bit of essential knowledge?

Eschewing surgery and biology, may he not turn to therapeutics, and in this field, where he has always been a past master, may he not still hold his own and continue to minister successfully to suffering humanity? Even this preserve is not left to him. "Serumtheropy," something unheard of in his student days, has invaded his chosen field. He learns with gratitude and surprise that the death rate in diphtheria has been reduced from 30 to 3 per cent. by the injection of a suitably prepared serum. In his wildest imaginings he never dreamed that the blood serum of his good and faithful horse could prove a panacea for human ills. Ah! if he had only known this forty years ago, how many little mounds in country church yard and village cemetery might not have been erected in his day! The shadow deepened on his brow.

The last stronghold of the doctor of the old school was the lying-in chamber. Here, his courtly manner, his stately politeness, his ready helpfulness, might still maintain themselves. Within these sacred precincts his good gray head might be safe from the rash innovationist. It was not so to be. When his last case, which he thought had been conducted with skill and success, had developed puerperal fever, he was told by the modern accoucheur, who was called in consultation, that within the past fifty years the mortality of the lying-in chamber has been reduced from one in eighty, to one in one hundred and sixty-four; and that this most gratifying result had been brought about by strict adherence to antiseptic methods and prompt resort to instrumental aid in unduly protracted cases. Fifty per cent. reduction in the death rate in the fifty years he had practiced medicine! Eighty-four wives restored to the arms of loving husbands by methods he had neglected, to some extent, all his life. Eighty-four mothers restored to the loving care of happy children by the superiority of the new method over the old. Eighty-four families superlatively blessed by simple and common sense proceedures. The noblest, the purest, the holiest, the most unselfish thing in this sin-cursed earth is a mother's love. No one realized this more fully than the old-time doctor, and when he thought of the myriad of families robbed of the priceless boon through defective obstetrical methods, he bowed his head in a sorrow that was genuine and immortal.

Then it was he realized that in the race of progress he had been distanced. Then the conviction was borne in upon him that with all

his heroic efforts and mighty sacrifices, his life had been but a partial success. Then was he mocked by the unutterable sadness of those words, "it might have been."

Like King Lear, he bared his venerable head to the storm, and confessed his derelictions in sackcloth and ashes. Yet, in the midst of his sorrow and self-accusation, he sees with sudden joy, that the cohorts of disease, that had so long baffled his utmost skill, and slain his loved ones with remorseless fury, are broken and disorganized, and rolling backward in defeat before the irresistable advance of scientific medicine. Ah, the rapture of that discovery! With a joy equal to that with which the beseiged garrison of Lucknow heard the roll of Sir Henry Havelock's rifles, he listens to your victorious cheers as, one by one, you storm the citadels of disease. In behalf of that community for which he has long toiled and suffered, he says in chastened yet exultant tones: "Glory to God! deliverance has come." He gladly consents to an effacement of self which inures to the betterment of his race, and like the Spartan of old, thanks God that his country has better men than he.

He is going, and as his figure is outlined for a single instant against the horizon's verge of time, it may clearly be seen that it is a majestic one; heroic in every proportion; touched with the pathos of many failures; solemn with lofty and resolute purpose.

When he has disappeared forever from our view we may well ask ourselves if, with our wider knowledge and better methods, we have yet a better man? H is gone because his mission is fulfilled. He could not remain to be a stumbling block in the pathway of progress. Better his dust should be "blown about with desert sands, or locked within the iron hills." He is gone because he had rounded out his career to the perfect orb, and in the order of nature, all that waxed must wane.

"And ever the old order changeth, yielding to the new; and God fulfills himself in many ways, lest one good custom should corrupt the world."

SOME SUGGESTIONS IN THE MANAGEMENT OF LARGE CYSTIC TUMORS OF THE ABDOMINAL AND PELVIC CAVITIES, WITH REPORT OF CASE.

By W. R. Bishop, B Sc., M.D.

TALLADEGA, ALA.

As we all know when we are called upon to diagnose an enlarged condition of the abdomen we are strongly tempted to aspirate, and

especially after we have come to the conclusion that fluid is present. Also do we know that by aspirating that this may be followed by leakage into the cavity or the beginning of adhesions, which probably before did not exist and which will give some operator a great deal of trouble later. The probabilities are that the fluid which leaks into the cavity from the puncture of the needle is not infected and will not produce a serious peritonitis, but the possibilities are that it is infected and when liberated will cause trouble. If the tumor is a very large one, containing gallons of fluid and has existed for years, we find as a rule the patient in an emaciated condition and we all know the dangers of removing all this fluid at the time of operation, viz: sudden changed position of the heart and other organs, anemia of the brain, etc.

Finding such a patient and ascertaining that all the organs are in a fairly good condition, and obtaining permission to operate, the field is prepared as for a section and a small trocar is thrust into the tumor in line below the umbilicus—around the end of the trocar a wire having been twisted to anchor same in position till the time of operation. A rubber tube is attached and as much fluid syphoned off as is thought advisable, then the trocar is stopped with the end of a sterile wooden plug and dressings applied protecting the field and securing the trocar. Too much fluid should not be withdrawn as the tumor sac might recede from the abdominal wall and slip off the trocar. The trocar should be at lest four or five inches long and patient required to lay on the back. The instrument can do no harm as it is now blunt pointed, the plug taking the place of the sharp part of the instrument.

Miss C., age 28, never been married, was seen by me May 21, 1904. Found a very small woman (normal weight about 95) with abdomen measuring forty-one inches; was very much emaciated, having carried an enlarged abdomen for six years. Heart and other organs in good condition as far as I could ascertain. Had been seen by a number of physicians but fortunately had never been aspirated. Patient had given consent to undergo an operation. Left medicine to stimulate the secretions and cleanse the alimentary canal. Went again on May 29, prepared field for operation, thrust in small trocar with wire as described above and withdrew four gallons of clear fluid, stopped and anchored trocar and cautioned patient to remain on her back. Next day with able assistance of Drs. Warwick and Vandiver I removed a parovarium, weighing in all 68 pounds (7 1-2 gallons fluid, and sac 5 pounds.) The opening about five inches was made down by the trocar, the trocar unstopped and the other fluid syphoned off and

the cyst delivered. Pedicle about one-half inch in diameter was attached on right side. Right ovary normal. About eight inches of small gut adhered to under surface of cyst, and incorporated in sac wall up under region of the spleen was an abscess containing about a half pint of pus. Patient went off the table pulseless and had all this fluid been removed at time of operation I firmly believe she would have never rallied. No peritonitis resulted and patient has up till now made an uninterrupted recovery.

I might add that patient measured twenty inches at umbilicus after the operation.

Faulty elimination is a prolific source of trouble and cause of many distressing symptoms pointing to no definite lesion, but complicating and obscuring the actual sympotoms of a real disease. Such a condition is puzzling to the doctor and discouraging to the patient, often causing dissatisfaction with the treatment and lack of confidence in the physician, yet the whole train of symptoms may be only the result of a lowering in the tone of the secretory organs and the retention of poisonous material in the system. In all conditions which follow as a result of the blocking of the eliminative organs, such as colds, bronchial catarrh, la grippe, pneumonia and autotoxia, one of the first indications is to bring the elimminating organs up to the normal and put them in condition to perform their natural duty. A large proportion of the cases which doctors are called upon to treat during the winter and in the spring are furnished by neglected colds and after-effects of la grippe. These uncured affections keep the system open to new attacks, the patient develops a bronchitis, or pneumonia, the kidneys are affected and sometimes left permanently weakened. A cold is by no means a simple affair which, left to itself, will always speedily get well. The acute stage will probably spend itself, and the patient may think he is free from further trouble, but such attacks render him more liable to further infection, and pneumonia,, chronic bronchitis, and chronic kidney disease are some of the sequelae of frequent colds. therefore, these apparently harmless colds are to be taken seriously and cured absolutely as soon as possible. To cut short these attacks and restore the tissues to normal powers of resistance the Dad Chemical Co.. of New York commend Respition. It contains asclepias tuberosa and berberis. A teaspoonful in a glass of hot water every two hours will effect a complete cure in a few days.—Interstate Medical Journal.

April, 1904.

Abstracts.

Examination for Army and Medical Service.

The examination of applicants for commission in the Medical Corps of the Army will be materially modified after July 1, 1904, when the amended regulations governing the matter will go into effect. Immediate appointment of applicants after successful physical and professional examination—the latter embracing all subjects of a medical education—will be discontinued; thereafter applicants will be subjected to a preliminary examination and a final or qualifying examination with a course of instruction at the Army Medical School in Washington intervening.

The preliminary examination will consist of a rigid inquiry into the physical qualifications of applicants and written examination in the following subjects: Mathematics (arithmetic, algebra and plane geometry); Geography; History (especially of the United States); Latin grammar and reading of easy Latin prose; English grammar, orthography, composition; Anatomy; physiology; chemistry and physics; materia medica and therapeutics; normal histology. The subjects in general education above mentioned are an essential part of the examination and cannot under any circumstances be waived.

The preliminary examination will be conducted concurrently throughout the United States by boards of medical officers at most convenient points; the questions submitted to all applicants will be identical, thus assuring a thoroughly competitive feature, and all papers will be criticised and graded by an Army Medical Board in Washington. Applicants who attain a general average of 80 per cent. and upwards in this examination will be employed as Contract Surgeons and ordered to the Army Medical School for instruction as candidates for admission to the Medical Corps of the Army; if, however, a greater number of applicants attain the required average than can be accommodated at the school the requisite number will be selected according to relative standing in the examination.

The course of instruction at the Army Medical School will consist of lectures and practical work in subjects peculiarly appropriate to the duties which a medical officer is called upon to perform. While at this School the students will be held under military discipline and character, habits and general deportment closely observed.

The final or qualifying examination will be held at the close of the School term and will comprise the subjects taught in the School together with the following professional subjects not included in the preliminary examination: Surgery; practice of medicine; diseases of women and children; obstetrics; hygiene; bacteriology and pathology; general aptitude will be marked from observation during the School term. A general average of 80 per cent. in this examination will be required as qualifying for appointment, and candidates attaining the highest percentages will be selected for commission to the extent of the existing vacancies in the Medical Department. Candidates who attain the requisite general average who fail to receive commissions will be given certificates of graduation at the School and will be preferred for appointment as medical officers of volunteers or for employment as contract surgeons; they will also be given opportunity to take the qualifying examination with the next succeeding class.

It is not thought that, for the present at least, the number successfully passing the preliminary examination will be greater than can be accommodated at the Army Medical School, nor that the number qualifying for appointment will exceed the number of vacancies. If, however, the class of candidates qualifyng should be larger than reasonably thought, the young physicians who fail to receive commissions will not have wasted their time, as the course of instruction at the School, while in a large measure specialized to army needs, is such as will better fit them for other professional pursuits, and furthermore they will have received a fair compensation while under instruction.

Admission to the preliminary examination can be had only upon invitation from the Surgeon General of the Army, issued after formal application to the Secretary of War for permission to appear for examination. No applicant whose age exceeds thirty years will be permitted to take the examination, and the authorities at the War Department desire it distinctly understood that this limit of age will be rigidly adhered to. Hospital training and practical experience are essential requisites, and an applicant will be expected to present evidence of one year's hospital experience or its equivalent (two years) in practice.

The first preliminary examination under the amended regulations above referred to will be held about August 1, 1904; those desiring to enter the same should at once communicate with the Surgeon General of the Army, Washington, D. C., who will be pleased to furnish all possible information in regard thereto.

Editorial.

JNO C. LeGRANDE, M. D.,.....Editor and Prop.

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Should Changes be Made in Our State Medical Organization ?

The above is the title of an editorial in our worthy contemporary the Mobile Medical and Surgical Journal, June issue, in which the erudite editor selects the following paragraphs from the address of the President of the Association, delivered at Mobile last April. We give also the comments of the editorial:

"In his annual message submitted at the recent meeting of the State Medical Association Dr. M. B. Cameron, the president, made use of the following significant language:

"There is a growing disposition among some of our members to criticize the method of conducting this Association; and their ground

of complaint is that it is too much a one man's organization, and too little time is devoted to purely medical matters.

"To question the correctness of this statement would be to ignore facts as they exist. The criticism adverted to has become widespread and no benefit is accruing to the association from it. The same spirit of criticism existed to a great extent during the latter years of Dr. Cochran's life, but the profession in the state are now much more restless under its constant iteration than ever before. The question therefore arises is there any just ground for it?

"Objections of the character mentioned must of necessity have some reasonable grounds for their existence. This being apparent, it is the duty of every member of the association who desires the perpetuity of our magnificent medical organization, to study the underlying causes for this criticism and endeavor to secure adequate action looking to the removal of every objectional feature.

"Taking the transactions for 1903 as the basis it will be found that there are 1874 practicing physicians in Alabama. Of this number 1270 are members of county medical societies, and are, therefore in affiliation with the state medical association. There are 604 who are not members of county medical societies, and hence are not co-operating with the great work in Alabama which is the avowed purpose of the State Medical Association to promote. There must be some reason for over 30 per cent. of the profession in the state holding aloof from the recognized medical organization, especially when such organization seeks to elevate the profession and to supervise the sanitary interests of the people.

After careful investigation of this whole question we ascribe the criticism to which President Cameron alluded to dissatisfaction with: 1. The method of selecting counsellors. 2. The manner of electing officers and 3, to the delay ordinarily attending the report from the Board of Censors of resolutions which of necessity are referred to it.

"The first objection, at the last meeting of the Association, was removed by the appointment of a committee whose duty it should be to give this matter attention during the interim between the annual meetings.

"The objection which we have frequently heard raised against the present method of electing officers, refers simply to the time at which elections occur. It is contended that the selection of officers on the last day of the annual session, when the attendance has dwindled down to a mere handful of members, is unjust to the large attendance of the earlier days of the session and the officers so elected are not always

the choice of the Association. This objection could be easily obviated by having the elections on the evening of the second day.

"Any lack of promptness on the part of the Board of Censors to make report of any matters referred to it could easily be remedied by simple resolution, and hence requires no further consideration at our hands.

"We have been induced to present in details some of the objections which have been raised by members of the Association, to the methods now in vogue in order to show the grounds for the criticism to which Dr. Cameron alluded in his message. If they are truly influential in creating adverse criticism and in antagonizing anything like a large number of the profession, they should be corrected.

Our state medical organization is, in our opinion, the most advanced of any existing in this country and the profession in the state should be proud of it. It was devised by a profound student of organization and his work has stood every test that could be reasonably applied to it. The scientific work which the Association is doing, each year shows advance and our published volume of transactions merit the pride of our membership. Let us then each strive to secure the co-operation of every doctor in the state, and if there are any minor matters that serve to militate against our securing that co-operation we should feel it a duty to remedy them."

In considering the above it is not our purpose to enter into a controversy, but believing it to be the duty of every true physician in the State of Alabama, we cannot resist the temptation to take up this matter and make some comment, with reference to the President's statement and the editorial. The President says: "There is a growing disposition among some of our members to criticize the methods of this Association and that it is a One Man's organization." We are forced to the conclusion that any intelligent, fair-minded man, who for twenty years has followed the workings of the Association, will, on mature consideration, discover the error in this statement. Reference is evidently made to the State Health Officer, and since we have only had two distinguished physicians to occupy this responsible position, one of whom immortalized himself as an organizer of the profession and has passed from his labors here to his peaceful reward, we cannot believe that any criticism is intended for the splendid work performed in the interest of the profession and the people by Dr. Cochran. The present incumbent, upon whom the Association placed the responsibility to discharge the duties of Health Officer, has proven himself to be in every way competent and is en-

tirely unselfish in the discharge of his duties; and it seems to us that no man, unbiased and unprejudiced, who has noted the course of Dr. Sanders as Health Officer and the broad and democratic methods which have characterized his work from the beginning of his official position could for one moment think that he has usurped any authority or acted in any way which would give cause for criticism as intimated in the editorial. Therefore, it is the duty of every physician in the State to recognize the difficult problems which the State Health Officer necessarily has to solve, and not only to encourage him in the discharge of his duty, but to stand by him and further the ends which he endeavors to accomplish in the work which he is so wisely and efficiently performing. No man occupying such a position in business affairs can successfully accomplish the ends desired, unless the party or the power that puts him in office recognizes the difficult work he has to do and assists him in the same.

With the high standing of the State Medical Association of Alabama and the reputation which the doctors as an organization have made, it is time for the few "kickers," who will always exist, to be led to see that no good can be accomplished by trying to break down or change or criticize the present method of our organization; and to this end our journals should be steadfast.

With reference to selecting of the Counsellors, the election of officers and the report of the Board of Censors, we have to say that a change would be disastrous to the Association and no good would b eaccomplished by making the change. The criticism on the election of officers, etc., is not well founded, and we think an improvement on our method would be difficult. The arrangement of the meetings of the Association is, in our opinion, far superior to many other associations, and we have the very best system that could be adopted. Wednesdays and Thursdays are given entirely to scientific work, allowing all who desire to read papers or give an opinion to be heard, and Friday, the last day, is devoted to the report of the Board of Censors, which is an indispensable work for the Association.

The statement is made that the selection of officers is made on the last day and frequently men are selected who are unsatisfactory to the Association. We wish to call attenton to the fact that for the past few years there has been not less than from seventy to eighty members present who were entitled to vote for president, and that no one has been made president who was not made the unanimous choice of those present. It would be a calamity to change our methods and have the selection of officers on Wednesday, when the attendance is augmented by a large number of visitors, which in a few years would

of necessity turn the Association into a medico-political body. The American Medical Association, seeing the wisdom of methods of this kind, has created a house of delegates which is composed of a certain number of delegates from each State, but recognizing the fact that too large a body would not be practicable, they have limited the house of delegates to one hundred and fifty men. While our friend, the editor of the Mobile Medical Journal impresses us as playing to the gallery in his comments upon the suggestions of the president, yet in his last paragraph he seems to change position and give some sound advice.

The Alabama Medical Journal stands for the best interest of the medical profession of the State of Alabama. We are in favor of the broadest and most liberal ground in our Association work, but believing that if our present system is loyally and judiciously carried out, all will redound to the glory and best interest of the profession in the State. We cannot agree that our leading men, however honest they may be when placed in official positions, should open their ears to the few doctors who do not believe in our organization, or are impatiently knocking at the door for official position and official honors. To all of these worthy gentlemen honors will come if they are faithful in the discharge of their duty to their profession and to the State Medical Association.

It will be noticed that attention is called to the fact that there are 604 doctors in the State who are not members of the Association. The question arises, will a change in our law bring these physicians into the Association? We answer, No. Many of them live in remote parts of the State and are not interested in the organization, and would not be interested if every line of the rules were changed. Many of them are old men. Some are not remaining out on account of age, but feel that they cannot leave their work and go to the expense of attending the meetings. Of these many are good men and good physicians who are in no wise opposed to the work of the Association. Some are not eligible to membership and others are not desirable if they were eligible; and, to speak the truth, these 604 doctors are composed of good men, indifferent men, white men, colored men, quacks, etc., yet it is intimated that we must change our rules and open the gate to take care of the thirty per cent. who are not members of the Association. What of the hundreds of young men who are just entering the profession in Mobile, Montgomery, Selma, Birmingham, Huntsville, the Decaturs, and the State at large? They are joining the Association, and they gladly obligate themselves to abide by the rules and support the organization.

In conclusion, we append the membership of the various State Associations, and it will be seen that Alabama not only heads the list, but has a larger membership than many States which have a larger number of doctors: Alabama, 1,295; Arizona, 95; Arkansas, 711; California, 1,505; Colorado, 518; Connecticut, 605; Delaware, 134; District of Columbia, 447; Florida, 236; Georgia, 650; Idaho, 75; Illinois, 3,931; Indian Territory, 168; Indiana, 1,947; Iowa, 1,511; Kansas, 562; Kentucky, 1,361; Louisiana, 819; Maine, 461; Maryland, 715; Massachusetts, 2,681; Michigan, 1,672; Minnesota, 863; Mississippi, 1,400; Montana, 60; Nebraska 658; New Hampshire, 350; New Jersey, 1,122; New Mexico, 63; New York, 1,704; North Carolina, 800; North Dakota, 115; Ohio, 2,451; Oklahoma, 163; Pennsylvania, 3,799; Rhode Island, 274; South Carolina, 207; South Dakota, 160; Tennessee, 1004; Texas, 2,321; Utah, 89; Vermont, 403; Virginia, 1,096; Washington, 420; West Virginia, 600; Wisconsin, 1,185.

GOOD AND SEASONABLE.

A word about some remedial preparations which the busy practitioner will find always useful, particularly at this season of the year, will no doubt be of interest. First, we will mention the old time-tried antikamnia and salol tablet, so useful during the hot weather, when even the "grown folks" load up their stomachs with the first offerings of the season. Hare says: "Salol renders the intestinal canal antiseptic and is the most valuable drug in intestinal affections." The anodyne properties of antikamnia in connection with salol render this tablet very useful in dysentery, indigestion, cholera morbus, diarrhoea, colic and all conditions due to intestinal fermentation. Then the "triple alliance" remedy so well and favorably known by its self explanatory title, namely: "Laxative Antikamnia and Quinine Tablets." To reduce fever, quiet pain, and at the same time administer a gentle tonic-laxative, is to accomplish a great deal with a single tablet. Among the many diseases and affections which call for such combination, we might mention coryza, coughs and summer colds, chills and fever, biliousness, dengue and malaria with their general discomfort and great debility.

We cannot overlook our old friend the antikamnia and codeine tablet. The efficacy of this tablet in neuroses of the larnyx is well known, but do all of our doctor friends know that it is especially useful in dysmenorrhoea, utero-ovarian pain and pain in general caused by suppressed or irregular menses? This tablet controls the pain of these disorders in the shortest time and by the most natural and economic method. The synergetic action of these drugs is ideal, for not only are their sedative and analgesic properties unsurpassed, but they are followed by no unpleasant after-effects

Miscellaneous Notes.

Graduates of the Birmingham Medical College.

Authentic reports received at the College show that one hundred per cent. of the graduates of this institution for 1904 have passed the examining boards, a majority of them making over ninety per cent. in their examination. It must be gratifying to every doctor in this school to see the high stand the students take, which is an evidence of thorough training and successful preparation.

Students who expect to attend a medical college this winter are requested to read the announcements of the following schools. Birmingham Medical College, Vanderbilt University Medical College, Tulane University, Mobile Medical College, Baltimore Medical College, Chattanooga Medical College, University of Nashville Medical College, and the University College of Medicine, Richmond, Va.

"What others say of me, matters little. What I myself say and do, matters much."—The Philistine.

Education is not all a man or woman needs. Culture is sadly wanting in many an educated one.

Success in a good cause demands further effort, further progress, and no resting upon the oars, no strutting in the laurel crown .

Dr. H. P. Newman, of Chicago, for many years Treasurer of the American Medical Association and Professor of Gynecology in the University of Illinois, was recently operated on for appendicitis. He is reported to be convalescent.

At the St. Louis meeting of the Tri-State Medical Society of Iowa, Illinois and Missouri, Dr. Francis Reder, of St. Louis, was elected president.

While attending the meeting of the American Surgical Society, Dr. James H. Dunn, of Minneapolis, died suddenly of heart disease. He was very prominent in the Northwest, occupying the chair of surgery in the University of Minnesota.

The Montreal Daily Witness—an earnest advocate of temperance—promptly dropped the advertisement of Peruna on being shown that that "remedy" contains almost as much alcohol as straight whisky.

An exchange says: "Habitual drunkards after conviction in Montreal, Quebec, are now given the option of paying a fine, undergoing imprisonment, or taking a certain cure. At present there are twenty-two under treatment, ten at their homes and twelve in the jail. Each patient is expected to take sixteen doses of the prescribed medicine each day, and is warned not to drink any intoxicating liquors during the time of trial."

It is reported by a contemporary that a woman of Boston, eighty years old, and worth $75,000, is hiding herself because she says physicians want her body to dissect, and all for the reason that her floating ribs have by muscular action been transferred from her right side to her left side. She says that recently when she was in a hospital for treatment her malformation was discovered, and she was offered $2,000 on condition that she would bequeath her body for dissection. She fears that the doctors won't be content to wait until she dies, and so she has concealed herself. Her malformation is said to be unique, and that it has been caused by gradual muscular action.

BEECHHURST.

The Barton W. Stone Sanitarium, Dr. B. F. Eager, Superintendent.—Drs. George and Earnest Rau will retire from the management of Beechhurst Sanitarium June 1st. Both of these young gentlemen had served satisfactorily with my brother, the late Dr. Barton W. Stone, and I trust will meet with that success in the future they deserve. I wish to publicly testify to their worth and ability.

Dr. B. F. Eager, of Hopkinsville, Ky., will assume the superintendency of the Sanitarium at that time, assisted by such help as he may select after entering upon his duties. He has had fifteen years experience in nervous troubles, associated with the late Dr. James Rodman and Dr. B. W. Stone. He is not unknown in Western Kentucky, where he has lived and worked for twenty-seven years along this line and in general practice.

It will be his purpose to make the Institution serve the high aim of its founder, to sustain the reputation it has attained up to the present to make it a high grade hospital for the care and cure of those seeking its help, and a pleasant home for those within its walls. In

harmony with this purpose I shall lend every aid in my power, especially in the domestic department, assisted by my daughter, Miss Kittie Johnson, to realize this hope and make the work a success.

We expect to have the most cordial co-operation in every department in ministering to the wants and comforts of our patients, and their speedy restoration to health and home.

We are grateful for the wide and liberal patronage in the past, and shall endeavor always to deserve the full confidence of our patrons in the future.

Respectfully yours,

Mrs. C. W. Johnson.

Dear Dr. LeGrande: Will you kindly insert in your Journal the announcement that the next meeting of the Pan-American Congress will be held in Panama the latter part of December?

The Pan-American Congress meets every three years. It was started by Dr. William Pepper, of Philadelphia; Dr. C. A. L. Reed, of Cincinnati; Dr. Albert Van der Veer, of Albany and Dr. H. L. Johnson, of Washington. The first meeting was held in Washington in September, 1893, the second in Mexico in 1896. The third was to have been held in Venezuela in 1899, but was given up on account of the war in that country. The place of meeting was changed to Cuba, but had to be postponed until 1901 on account of the fever there.

These meetings have always been well attended and it is thought that Panama will be an interesting place for the Convention.

Further particulars will be sent out from time to time to the Journal, together with notifications of the different officers appointed to represent this and other countries.

Very respectfully,

Ramon Guiteras,

Secretary of the International Executive Committee.

Faulty Elimination is a prolific source of trouble and the cause of many distressing symptoms pointing to no definite lesion, but complicating and obscuring the actual symptoms of a real disease. Such a condition is puzzling to the doctor and discouraging to the patient, often causing dissatisfaction with the treatment and lack of confidence in the physician, yet the whole train of symptoms may be only the result of a lowering in the tone of the secretory organs and the retention of poisonous material in the system. In all conditions which follow as a result of the blocking of the eliminative organs, such as colds, bronchial catarrh, la grippe, pneumonia and autotoxia,

one of the first indications is to bring the eliminating organs up to the normal and put them in condition to perform their natural duty. A large proportion of the cases which doctors are called upon to treat during the winter and in the spring are furnished by neglected colds and after-effects of la grippe. These uncured affections keep the system open to new attacks, the patient develops a bronchitis, or pneumonia, the kidneys are affected and sometimes left permanently weakened. A cold is by no means a simple affair which, left to itself, will always speedily get well. The accute stage will probably spend itself, and the patient may think he is free from further trouble, but such attacks render him more liable to further infection, and pneumonia, chronic bronchitis and chronic kidney disease are some of the sequelae of frequent colds. Therefore, these apparently harmless colds are to be taken seriously and cured absolutely as soon as possible. To cut short these attacks and restore the tissues to normal powers of resistance the Dad Chemical Co., of New York commend Respiton. It contains asclepias tuberosa and berberis. A teaspoonful in a glass of hot water every two hours will effect a complete cure in a few days. —Interstate Medical Journal.

April, 1904.

Gadsden, Ala., June 19, 1904.

J. S. Tyree,

Dear Sir: I desire to report two cases that came to me for treatment some weeks ago: First, A lady aged thirty, married, two children, youngest two years old. For the past twelve months had been suffering from prolapsus of second degree—Leucorrhoea and cerrical Endemetritis. I prescribed teaspoonful of the powder you kindly sent me, with one pint of sterilized water and instructed the patient to use this amount three times a day. At the expiration of two weeks she was entirely relieved and now in splendid health.

Case 2. Gentleman consulted me for chancroid, located on the left side of his prepuce, fully one inch in length and nearly the same in width, of nearly three weeks' duration. I used cauterints calomel bismuth and iodoform,—first one and then another for two weeks, but with very little improvement. He came to my office early in the morning and being in a hurry to visit some patients and having nothing on hand I thought of your powder, and gave him a teaspoonful and told him to apply a little or enough to cover the chancroid night and morning. He reported this morning stating that he is well and wanted to know what that little powder was in the event he should un-

fortunately get in the same condition in the future he would have something he could depend on.

I think your powder is all you claim for it and more. Thanking you for the sample and with best wishes, I remain,

Yours truly, M. B. Pollard, M. D.

Jay W. Seaver, M. D., Medical Examiner at Yale University Gymnasium, President of the Chautauqua School of Physical Culture, President of the American Institute of Physical Culture of Boston, and the highest authority on Anthropometry, addressed the physicians of Boston and vicinity at the rooms of the Institute, 29 Beacon Street, Boston, Mass., on Saturday, March 26th.

"Exercise," said Dr. Seaver, "may not only be classified as one of the necessities of life, like food and air, but it may be looked upon as a therapeutic means of very high value.

"Exercise may be divided into two general classes, as active and passive, the first being made up of movements that are directed by the central nervous system, consisting of such movements of the various parts as cause a complete flexion and extension of the joints with the consequent stretching of the muscles that would ordinarily produce these joint movements; and second, the muscles may be subjected to mechanical pressures and kneadings that will stimulate the circulation of both blood and lymph, and produce nutritive changes that are quite similar to those set up by active exercise.

"These passive movements have been grouped under the term massage.

"A combination of active and passive movements may be used at times with advantage, the attendant resisting the active movements of muscles in a more or less vigorous manner according to the condition of the muscles that are being treated.

"The abnormal conditions that are best treated by exercises are those of the nervous system where there is a tendency to inertia and explosive action. The normal working of the motor portions of the brain with the attendant activities of large sensory tracts will treat the entire nervous system by one of those fundamental processes that is so essential to vitality and to the smooth or well co-ordinated functions of the brain. The utilization of nerve force through those normal channels will usually prevent the explosive action of the nervous system along abnormal lines. We see a good illustration of this in the restful sleep that follows a hard day's work of physical activity, and the opposite effect in the restless, fitful sleep where the day's work has been of an intellectual character and accompanied by no physical

activity that has, so to speak, called the brain back to its fundamental processes.

"The second great class of cases that are benefitted by exercises are those of mal-nutrition. There seems to be no power that so thoroughly calls into activity the nutritive processes of the body as does the reflex demand for more nutrition on the part of muscular tissue that is working. Digestion is immediately improved, and, if the nervous system is at rest, the vegetative processes of life are most effectively stirred by the claims of the muscles, which constitute over forty per cent. of the weight of an ordinary person.

"The third class of cases that are especially helped by exercise are those where the circulation is deficient from one cause or another. It has been shown by students of physiological problems in recent years that many of the so-called violent exercises produce a lowering of blood pressure, and it has been noted for some time that people with heart lesions were able to do much physical work with apparent benefit to their health, while such persons remaining quiet and sedentary in their habits of life have suddenly found that the compensation in heart energy has not balanced the loss through the lesion, and sudden heart failure has been the termination of life.

"But not only does appropriate exercise act favorably upon the weak heart, but the lymphatic flow is almost entirely dependent upon muscular contraction, and the nutrition of the various tissues appears to depend more upon the lymph than upon the blood directly, so that if we have inadequate central power to force the fluids of the body along in their course, we must depend more and more upon the movement of skeletal muscles to accomplish this work."

THERE'S NOTHING NEW.

The delicate operation of trephining was known to "the Neolithic Age," when men lived in caves and fought with stone hammers. Savage tribes perform the same operation today. Eighty per cent. of the cases treated in New Britain with a piece of stone or shell as a surgeon's knife recover.

George Washington's famous set of false teeth, which fitted so badly that they gave his mouth the square look noted in his later portraits, were almost the only ones in the country in his day. The art of making them had been rediscovered for perhaps the hundredth time by a French doctor. Yet false teeth have been found in Etruscan graves made long before the historic period.

The newest model of "double saucepan," to prevent food from burning while being cooked, has been dug up in the ruins of Pompeii.

An ancient vase in a Roman museum, made no one knows when, and representing Homer's heroes resting during the period of the Trojan war, represents one of the young fellows as busy with a "punching-bag" hung at the limb of a tree.—Denver Medical Times.

THE PROBLEM OF THE NERVOUS WOMAN.

A recent writer has attempted to define several types of nervous women in a rather puerile recital of characteristics and in a way that shows he has not fully grasped the problem of the nervous woman.

To begin with, it requires a psychological view of the nervous woman before a true perspective of her sad plight can be truly comprehended. Again, it requires familiarity with sex psychology to differentiate characteristics; to say what is morbia and what is not. Until a physician goes into the realm of the subconscious in morbid psychology he may never know the true problem he has to meet. His own limitations thus confuse him, and he either ignores the problem or in a perfunctory manner dismisses it, and then blames the woman for his own inability to see and forecast the essential fundamental of this much despised problem. Then he resorts to satire to cover his own delinquency, and really he thinks he is funny, really thinks he is doing a worthy and ennobling duty by his ridicule.

It is always well in approaching any problem to understand the situation as a whole—see to it that all capable of being known in essentials is in the ensample before any attempt is made to unravel it, and then I am sure it will take more than satire and ridicule to solve it. A nervous woman is entitled to the same honest consideration, the same thoroughness in diagnostic application concerning her ills, as if she were an obscure problem in internal medicine.

Frequently such a problem is the feature, and when solved relieves the nervous stress or strain, and then the patient gets well.

One who has to deal with these problems daily has lost all sympathy with the cry of "Oh! there is nothing the matter with her but her imagination," and "strange she don't get well; there is nothing the matter with her," etc. There is a basis of fact in each case, and he who would succeed must seek it and work to relieve the stress, strain or other etiological conditions before he can hope for success.

The nervous woman is not such a difficult problem if the physician knows what he is undertaking and how to meet conditions from first to last. He must be a tactful man; he must be in earnest, and he must know how and when to touch the keys to produce results. When all is said and done about this commiserated individual, the nervous woman, there will be some real, sound, sensible arguments to advance which will show that she, like the devil is not half as black as she is painted.

Real problems in life are to be met with honest endeavor, honest candor, and when this is done order will and does come out of chaos. —Medical Fortnightly.

THINGS EVERY TUBERCULOUS PATIENT SHOULD KNOW.

Dr. Martin L. Stevens in a recent issue of the New York Medical Journal has an able article under the above caption, in which he says:

General detailed directions cannot be laid down that will be applicable to all cases.

Cough is for a beneficent purpose, and cough medicines are seldom needed. Never swallow your expectoration. Never cough while lying on your back. If talking increase your cough do not talk much.

Take no exercise unless specially directed to do so, and then only such as is directed. Always stop before you are tired. Never lift or strain at anything.

Spend every minute possible in the open air. Night air is not harmful. When taking the out-of-door cure protect the head from the direct rays of the sun. Avoid dust. Avoid draughts. If you catch cold report at once to your physician.

If your digestion is good use a generous diet—meat, milk, eggs and cereals.

Remember, it is the quantity assimilated that benefits, not the quantity eaten. Avoid sweetmeats.

Most patients want too much medicine. Don't give it. Never medicate at the expense of the stomach; it is a loss.

Dress warmly. Underclothing, especially, must be adapted to the individual. Avoid overheating. Avoid chilling.

Use sensible footware. Do not wear chestprotectors.

Beware of the use of alcohol; use it, but very judiciously. The best specialists have long since discontinued the universal prescribing of it. Smoking irritates the upper air passage sufficiently to set

up a mild form of chronic inflammation in the throat of those who indulge in the habit to excess.—Medical Examiner.

PHYSICIAN AS WITNESS.

The Supreme Court of New York, trial term, Chenango county, says that in the case of Becker versus Metropolitan Life Insurance Company, the company claimed that the insured had an attack of cerebral apoplexy and was treated therefor prior to the time that he applied for insurance, but that the facts were concealed from the company's agent at the time of making the application for insurance. The Plaintiff, who was seeking to recover the insurance put in evidence the application, the policy and the proofs of death, which showed, on their face, that the plaintiff was not entitled to recover. The physician's certificate of death showed the previous illness, on which with a statement in the plaintiff's affidavits, the company sought to make its defense. The court holds that the plaintiff had the right to show that the statements in the certificates were not true, that, having explained and shown the untruthfulness of the physician's certificate, the physician had no right to take the stand for the purpose of sustaining the certificate and contradicting the beneficiary, under the statute with regard to privileged communications, he having acquired his information in the capacity of an attending physician. —The Journal.

A LAWFUL SUGGESTION.

In this age, when it is an everyday occurrence for wills to be contested, the testimony of the attending nurse may be a powerful factor in effecting a just and satisfactory settlement, and preventing a costly and bitter contest in the courts. There are all degrees of observation from loose, careless generalizations, that are of no value anywhere to the precise, accurate, definite statement of facts that will carry weight in any court. One of the most frequent causes of contest concerning wills is the plea that the person who was making the will was either mentally unbalanced or unduly influenced. The records of the nurse in such case and her observations concerning the deceased and the attitude of others towards him during his illness may, if they bear the stamp of accuracy and contain definite facts, hinder costly and bitter litigation or prevent a great injustice being done. Someone has said that "Accuracy is the chief intellectual virtue." To

know exactly, to remember correctly, to state colorlessly the precise facts in the case—these are rare accomplishments.

There are many points at which law and medicine, law and hospitals and nursing touch, and a nurse should know where these points are and what the law of the State in which she lives has to say about matters that come within her province. A lecture or two given during the final year of her training by a lawyer, touching on the principles of law and their application to different cases, the conditions necessary to insure execution of a will according to the wishes of the testator, and other points relating to hospitals and the practice of nursing, would surely be a most valuable addition ot the usual lecture course. The laws of different States vary so greatly that no general rules can be given touching such matters, but the point is worthy of attention in arranging the curriculum of the training school.—National Hospital Record.

THE TRAINED NURSE.

When I was sick I had a trained nurse. She came in the still watches of one evening, and laid her soft, cool, twenty-five-dollar-a-week hand on my burning pauper brow, and thenceforth her salary and my fever ran on together, not even stopping for meals—that is to say, the nurse herself stopped for meals, but not her salary. About noon each day, when the glad outside world was caroling to the sky, when the merry school-boy was skipping homeward, and the flowers were dancing in the sunlight, she would part from me with tears in her eyes and a choking sensation in her throat and a look of keen agony, and slope gently down-stairs, and spend a few hours over the family board, while the cook threatened to leave, and the hot-water bottle on my jaded stomach became frappee.

She came to me with a complete set of books, a clinical thermometer, and the story of her past life. When she had taken away my temperature, and gone off with it to some far corner of the room, and examined it critically by the light of a tallow-dip, and set it down in Ledger B, where I couldn't see it, she picked up her trusty pad, and began to write a historical novel, of which I was the unhappy hero. From that moment I felt that about me there was nothing sacred.

The second day after she came, when all the towels had been used up, and all my ingenious children were paving the back yard with remnants of dry toast, and the doctor had told her all about me that she hadn't been able to find out herself, she began to relate to me the

story of her past. Two weeks later, the crises in her story and my fever were both passed. We both survived; but, at this late day, I have an idea that her story is even now the more robust of the two.

The trained nurse is now a necessity in every modern home. As an antidote to medical science, she has no equal. Dressed in rich, but not too gaudy, bed-ticking, and armed with medals she won in the Crimean War for reading Punch aloud to the sick soldiers, she stands over one's bed like a guardian angel, and no germ can pass the lines without giving the countersign. Tom Masson.

COD LIVER OIL CROP.

The failure of the cod-liver oil crop for four years has caused the Norwegian government so much concern that official bulletins have been issued about it. The failure is not altogether in the supply of cod, for about the same number are taken from the sea each year, but the cod that are caught lack nutriment. Most of them are half-starved, and do not weigh one-third as much as they should. Some of them are so thin that the livers, from which the oil is taken, are barely distinguishable. The coldness of the sea has killed the smaller fish on which the cod subsist. Hundreds of cod caught with lines are found to have been bitten by hungry seals. A bulletin recently issued by the Norwegian government says: "The condition of cod-fish is worse than ever. They have no livers to speak of. It is now requiring 40,000 fish to make a barrel of oil. This is without parallel in the history of our fisheries." So far as the trade is concerned, wholesalers are compelled to replenish their stock on almost any terms demanded.

BUT ONE CAUSE OF APPENDICITIS.

Dr. D. A. Stapler, California State Journal of Medicine, discusses the many theories as to the cause of appendicitis, and finally concludes with the assertion that infection is the one cause; that all other conditions are only predisposing causes. He states that it is possible for a grape seed, fish bone or some other foreign material to get into the appendix and produce trauma, thus opening up an avenue for infection, and an acute inflamation of the organ is the result, thus giving us our initial attack. If the blood supply is good a round cell infiltration takes place, and the infected area is walled off. Nature has repaired this lesion with new tissue which very soon forms fibrous tis-

sue, which constricts the appendix and so compresses the artery of the appendix that the distal end of the organ suffers nutritional changes, the vitality of the cells is lowered, and a very rapid gangrene takes place, and frequently nature is unable to throw up a protecting wall, and a general peritonitis is the result.

Little difference does it make what the primary offending agent is, the only role that it plays in the production of appendicitis is to lower the vitality of the cell allowing the ever present bacteria to gain entrance to suitable pabulum and grow, the result of which is inflamation. Fecal concretions are forced into the lumen of the appendix, a peristalsis is set up, the foreign body is forced farther into the appendix, and by its pressure against the walls of the organ shuts off the blood supply and cellular death takes place, infection follows, and an inflammation is the result. If the bacteria were absent the organ would slough off up to the point of obstruction, and nature would soon repair the injury. Dr. Stapler closes by saying that appendicitis is caused by loss of tissue with subsequent infection. This loss of tissue can be caused by capillary hemorrhage due to infectious diseases or by over exertion or by foreign bodies. No appendicitis without infection, no infection without loss of tissue.

A STRANGE RESULT OF IODOFORM DRESSING.

H. McNaughton-Jones reports this case. The patient, a woman of thirty, had recently undergone an abdominal operation. The course was favorable until the third day after the operation. Irritation and some smarting in the neighborhood of the wound was then complained of. The wound had been stitched with celloidin-zwirn, a pad of moist sterilized 10-per-cent. iodoform gauze being placed over it covered with coeletin. On raising the dressing the nurse found some slight swelling and redness along the area of the incision. The irritation increased and the next day the iodoform was removed and the wound lightly sponged over with some weak formalin solution, dried and dusted with dermatol, covered with plain sterilized gauze, and protected with coelitin. The distress continued and the next day several large vesicles appeared. The arms and hands now became involved, later the legs. There were no constitutional symptoms. The skin healed by first intention. It was learned that many years before the patient had had an ulcer on the leg. This had been dressed with iodoform with much the same results as in the present instance. From her childhood the patient had suffered from an eczematous tendency.—Medical Press and Circular, February 24, 1904.

FURUNCLES—ABORTIVE TREATMENT.

Gallois and Courcoux (La Presse Medicale, Feb. 17, 1904) employ a solution consisting of 4 grammes of iodine to 10 grammes of acetone for the abortive treatment of furuncles. The nodules are touched with an applicator carrying cotton saturated with the iodine solution. Lesions which have not been suppurated, and even those which contain a drop or two of pus superficially, are aborted within twenty-four hours. Rarely a second application will be required. The solution is more caustic than the tincture and must be used with greater care. In an open wound it causes severe pain and may produce symptoms of iodism.

CONGENITAL TORTICOLLIS — MANIPULATIVE CORRECTION.

Wilson (quoted in American Medicine, March 12, 1904) states that when an unnatural posture of the head in a child under seven years of age is caused by a contracture of the sternocleidomastoid muscle of one side, it may be corrected by forcible manipulations.

The patient is placed on a suitable table in a recumbent position and anesthetized. The operator grasps the head between his hands, and so turns it that the chin will point toward the shoulder of the affected side, rendering the muscle of that side tense. Additional corrective force will usually cause the contracted muscles to elongate. If this does not occur, the operator holds the head in the best possible position, as determined by the previous manipulations, while using forcible massage upon the muscle near its clavicular attachment. When sufficient correction has been obtained, fixation is secured by the application of plaster of Paris with the head in somewhat overcorrected position. This plaster cap should embrace the head, the neck, and shoulders, with a portion running under the axillas. Three or four weeks is ordinarily sufficient to obtain union of the torn portions of the muscles, when the plaster cap may be removed. Development movements should be instituted to secure coordination of the muscles in their new relations.

ETHYL CHLORIDE AS A GENERAL ANESTHETIC.

In the Medical News of May 28, 1904, Erdmann gives quite an exhaustive resume of the use of this drug. In closing his paper he gives a few cautions as to the consideration of suggested contraindications and a recapitulation of the course of the narcosis.

The ethyl chloride must be chemically pure. The mask should fit the face snugly. As little as possible should be given—half a drachm is a good initial dose. Mauretta gave up to three and four drachms without ill effect, but the general opinion is against such practice. A graduated container must be employed, else the dosage is uncertain. Other rules every anesthetist knows: to watch the eyes, respiration, and pulse; to insist upon quiet in and about the anesthetizing room; and to avoid an open flame.

Only two contraindications have been suggested, viz, if the laryngeal aperture is abnormally small, lest it be aggravated to a stenosis by an irritating vapor, and if any kidney disease is present. But Girard alone suggests this danger. It is not commonly held that the kidney suffers any harm.

Ethyl chloride is a safe, pleasant, rapid, systemic anesthetic agent. The preanesthetic, or short analgesic, stage continues for only a fraction of a minute, and is followed by a condition characterized by some tonic contractures, accelerated respiration, and usually a moderate degree of mydriasis; this is called the cataleptic stage by some, the stage of contracture or the stage of analgesia by others, and is suitable for short operations. After two to five cubic centimeters have been inhaled, or more in the case of large adults, usually fifteen to sixty seconds, or sooner in children, the third stage, that of profound anesthesia, supervenes. The muscles are now relaxed, the breathing is deep and rhythmical, perhaps snoring, usually the pupil continues to be somewhat dilated, and the conjunctival reflex is abolished. In some instances the patient passes at once into the third stage, sometimes it takes five minutes; once in a while the third stage is not reached at all. If the ethyl chloride is to be continued small doses, say one cubic centimeter, are given about every minute; or if a mixed anesthesia is to be used, the change can readily be made if the modified Allis inhaler is employed. The patient is awake within a few minutes after the mask is removed. After a short anesthesia he is seldom nauseated and rarely complains of headache. He may be a trifle upset by his strange position and surroundings, but he will quickly recover himself. If it was a long operation and he was taken to the ward he will soon be as natural as the other patients. If it was a short operation, say in the office, he will not be delayed long from going about his business.

THE BEGINNING OF LABOR.

In attempting to explain the causes which bring the series of physiological acts that result in the expulsion of the fetus at the end

of pregnancy, L. Blumenreich (Arch f. Gyn., Vol. 71, No. 1) was led to make a number of exhaustive animal experiments. He sought especially to determine whether the gravid uterus responds more readily to stimuli than the organ when non-pregnant. In order to rule out spontaneous contractions of the uterus, the experimental animals were placed in a bath of warm saline solution. It was found that in the presence of an excess of carbonic acid or an insufficient supply of oxygen, the uterus of the gravid rabbits reacted much less strongly than that of the non-pregnant animals. The observations of Runge were confirmed, namely, that lack of oxygen affords a more powerful stimulus to uterine contraction than an excess of carbonic acid. In not a single instance was it possible to bring on labor by respiration in CO2. Mechanical irritation affords a much more marked stimulation to the gravid uterus, and moreover meets with a more ready response than in the non-pregnant organ. By means of mechanical irritation alone it was often possible to induce premature labor. These experiments seem to prove quite conclusively that mechanical influences play a much more important role in the induction of the labor act, than changes in the gaseous contents of the blood. If this be assumed, the probabilities are strengthened by the fact that these mechanical sources of irritation are increased from day to day by the increase of the gravid uterus.

THE TREATMENT OF PULMONARY TUBERCULOSIS BY SUBCUTANEOUS INJECTIONS OF CAMPHOR.

Walther Koch, of Freiburg, (Berliner klinische Wochenschrift, May 2, 1904), reports the results of five years' experience with subcutaneous injections of camphor in the treatment of pulmonary tuberculosis, and states that the method has proved very satisfactory. The temperature falls to normal and remains so for a considerable time, the expectoration is increased, night sweats cease, and the general condition of the patient becomes much improved. Many patients who were in the second stages of the disease, and who at the time treatment was begun were suffering from considerable fever, were soon able to resume work, and remained so well that their cases are considered as cured. Those in the last stage of the disease were benefited temporarily, especially as rgards the decline of temperature and cessation of night sweats. Koch also claims to have obtained excellent results in the first stage of tuberculosis from inunctions of camphor, 0.4 of the drug being used at each inunction. Several cases are reported in detail.

THE EFFECTS OF CALCIUM SALTS AND GELATIN ON THE COAGULABILITY OF THE BLOOD.

Gley and Richaud (La Presse Medicale, April 20, 1904) state that in order to increase the coagulability of the blood by administering the salts of calcium, care must be taken to give only very small doses, for the reason that large doses decrease the power of coagulation, as they have proved by experiments upon animals. Inasmuch as it is impossible to determine the exact amount of calcium required to produce the greatest degree of coagulability, they are of the opinion that this substance is really of little practical therapeutic value.

Their experiments relative to the action of gelatin upon the blood lead them to conclude that whatever coagulative power it may possess is due to the presence of minute quantities of calcium salts; that many samples of commercial gelatin contain certain albumoses which distinctly reduce the coagulability of the blood; and finally, that gelatin should be rejected entirely as an antihemorrhagic agent.

THE CONTAGIOUSNESS OF SCARLET FEVER.

Interesting observations with reference to the contagiousness of scarlet fever at variance with popularly accepted beliefs and the beliefs we ourselves have inherited, are reported from Christana. We are indebted to the American Journal of Medical Sciences for a report in abstract of observations by Aaser overthrowing the impression so deeply rooted in our minds that the desquamating epidermis is the chief factor in scarlet fever contagion, and that a child in the stage of exfoliation carries the important element of danger to others. Aaser has had unusual facilities to study these facts, having in the past seven years had under his care 3,800 cases of scarlet fever, of which number 79 had derived their contagion from patients who had been previously discharged as recovered. All patients sent out as recovered had been thoroughly cleansed, and had ceased desquamating. For these reasons and also because of the fact that many children who are exposed to desquamating scarlet fever patients do not contract the disease, Aaser believes there is another more potent source of infection, namely, that of discharges from the nose, throat or ear, and he makes extensive observations on this point. He believes that safety to others lies not in recording a case as recovered as soon as desquamation has ceased, but in considering the patient still capable of transmitting the disease so long as there is any secretion from the nose or throat.

SANMETTO INCOMPARABLE WITH ANY OTHER REMEDY FOR GENITO-URINARY DISEASES.

Sanmetto is not new to me. The fact is, I have prescribed many gallons of it in the past eight years. I have never taken a dose of it myself, but suddenly feeling a need for it, I have ordered a bottle of it to take myself. Now, as to the value of Sanmetto, it has never failed to produce beneficial results in my hands, and as a tonic and vitalizer to the genito-urinary organs it is not only unequaled, but incomparablly better than any other known remedy.

Harrisburg, Illinois. J. W. Mitchell, M.D.

VIVISECTION.

Dr. Ernst of Harvard University, in an address before the American Social Science Association (of May 13), says that there is substantially no cruelty in the practice of vivisection in the laboratories of Massachusetts. We are most glad to hear this statement, but wonder whether among students of medicine (outside of the laboratories) there may not be many violations of law.

We have had a standing offer every month (for years) of $100 for evidence which will enable us to convict any person in Massachusetts of a violation of our laws in the practice of vivisection, and shall be most happy to pay $100 for any such evidence.—Geo. T. Angel.

COCA A CARDIAC TONIC.

Coca has been advocated by a number of observers to tone up the heart muscle. It may be employed as Vin Mariani in conjunction with the above-mentioned remedies or used alone. A unique action of Coca which renders it peculiarly fitted to the role of a heart tonic is the depurative influence it has upon the blood stream, thus enabling the muscular structure to take up the pabulum which shall give it strength. Coca is useful following a course of digitalis, and in irritable heart there is probably no better remedy.—The Coca Leaf, November, 1903.

CHRONIC URETHRITIS.

Dr. W. H. Alexander, Ivanhoe, Texas, says, "I used Satyria in a case of chronic urethritis with very good results. I think it is a very nice preparation."

July 31, 1903.

This subject is a matter worth recording, and we must feel it among the possibilities that further observations will confirm Aaser's contention. The practical importance of this theory needs no emphasis.—Wisconsin Medical Journal.

No more healthful, stimulating and generally beneficial application can be made to a diseased mucous membrane than Kennedy's pinus canadensis.

Where hysteria is the result of uterine troubles, Aletris Cordial (Rio) combined with Celerina, is an excellent remedy.

HOLD YOUR OWN.

LOSS OF WEIGHT in summer is not **desirable** or **necessary.**

Fortify the System against **Heat Exhaustion, Bowel Disorders, Summer Fevers** and **Wasting Diseases** by using

MANOLA
TRADE MARK.

It is the best prophylactic against all **Summer Weakness** and derangements, and peerless as a **Reconstructive Tonic** after all summer diseases and not only prevents loss of flesh, but will increase weight to normal proportions.

DOSE.—One tablespoonful four times daily, after meals and at bedtime.

THE MANOLA COMPANY, St. Louis, U. S. A.

Society Reports.

By Dr. A. W. Sims, Secretary.

City Hall, Birmingham, Ala., April 25, 1904.

The Jefferson County Medical Society was called to order by President L. G. Woodson. Minutes were read and approved.

The following applied for membership: Dr. R. E. Jackson, of Woodlawn; Dr. Russell Callen, city.

On motion by Dr. Rosser the Sexton memorial meeting was postponed on account of the inclemency of the weather.

ESSAY.

Dr. J. M. Mason was essayist for the evening, his subject being "Abdominal Contusions." He outlined the symptoms and treatment, and reported two cases in the first of which the injury was slight—with recovery. He gave post mortem findings in the second case and showed a specimen of the injured stomach with a portion of the mesentery which had been lacerated.

DISCUSSION.

Dr. Brown was present at the autopsy. He thinks the practical point in the paper is its warning to keep us on the lookout for such injuries. He reports a case in which shock was not marked by its usual symptoms. He believes in operating early if hemorrhage can be diagnosed.

Dr. McLester recalls a case in which the injury was received from the kick of a horse, and in which there was no external evidence of injury on the abdomen. Consent to operation was delayed, but when operation was performed, a ruptured mesentery was found.

Dr. Lull saw a case very much similar in history to Dr. Mason's. Operation showed a ruptured kidney. After various complications the patient finally recovered. He reports another case in which the injury resulted from a blow received in a friendly scuffle. The patient was treated on the expectant plan and finally died. Autopsy revealed perforation of the intestine.

Dr. Coulbourn thinks that increasing shock indicates hemorrhage, and believes that early operation is the means of saving life.

Always have organic changes in the gall bladder when stones have been present for any length of time.

MISCELLANEOUS BUSINESS.

Dr. Wilson spoke of the Thayer lecture on tuberculosis and its ultimate effect. He presented bills from the Hillman Hotel and Roberts and Son, which were ordered paid on motion of Dr. J. M. Mason.

Dr. Parke moved the following amendment to the By-Laws: "That no money other than regular expenses be voted at any meeting, but lay over for consideration until the subsequent meeting."

Dr. Wilson extended an invitation to the Society to be present at a lecture by Dr. Penniman at the Hillman Hotel on Tuesday, May 10th, at 8 p. m.

There being no further business the Society adjourned.

City Hall, Birmingham, Ala., May 9, 1904.

By Dr. A. W. Sims, Secretary.

The Jefferson County Medical Society was called to order by President L. G. Woodson. The minutes of the previous meeting were read and approved.

The President announced that the meeting was called for the purpose of passing resolutions on the death of Dr. Charles R. Sexton.

Dr. H. N. Rosser, Chairman of the Committee on Resolutions, presented the following:

IN MEMORIAM.

Dr. Chas. R. Sexton was born June 6th, 1845, in Alabama, and died in Birmingham, Alabama, on April 3rd, 1904.

Death is but an analysis of the potential force from any organism; yet in this analysis that which gives individuality to the human being is rested from its domicile; and those of us who are left mourn on account of the journey of friends to an unknown existence. Thus we have to sorrow over the departure of our friend, Dr. Chas. R. Sexton.

We know of no enemies of his in the Jefferson County Medical Society, ever genial and courteous "with the gentleness of a woman, yet courageous among men" we knew him but to love him.

As a physician he was always conscientious, having the welfare of those who entrusted their lives to his care ever uppermost. As a consultant, he was always considerate toward his brother physician—in every sense a well rounded man and physician. Therefore be it resolved,

First, That in the departure of Dr. Sexton this Society has lost an honored and respected member; the community in which he lived a useful, care-taking physician, and a good citizen; and that his immediate friends and family have sustained an irretrievable loss.

Second, That a copy of these resolutions be spread upon the minutes of the Jefferson County Medical Society, furnished the Alabama Medical Journal, and to the surviving brothers and sisters of our friend.

H. N. Rosser, M. D.
S. L. Ledbetter, M. D.
B. L. Wyman, M. D.
Committee.

which were adopted by a rising vote on motion by Dr. E. A. Sholl. The following expressed their feelings and paid a high tribute to the deceased; Doctors E. H. Sholl, H. N. Rosser, L. Whaley and J. R. Snyder. On motion by Dr. Rosser the Society adjourned.

City Hall, Birmingham, Ala.,, May 9, 1904.

The Jefferson County Medical Society held a called meeting at the above place and date, Dr. L. G. Woodson presiding.

Dr. John G. Chambers, of Woodlawn, applied for membership.

The following were elected: Dr. R. D. Jackson, of Woodlawn, and Dr. Russell Callen, city.

ESSAY.

Dr. Geo. S. Brown was the essayist for the evening, his subjct being "Some Points in the Technic of Gall Bladder Operations."

DISCUSSION.

Dr. Wilson spoke of the point of tenderness in gall bladder affections. He does not think that he should risk a gauze drain for conveying the bile from the ducts out through the abdominal opening. He always uses a rubber tube. In draining the gaul bladder it is not necessary to attach it to the peritoneum.

Dr. L. C. Morris does not think we are justified in removing the gall bladder unless you have serious organic changes, as it is unusual to have stones form in the bladder which has been previously drained. This is demonstrated in Dr. Brown's case by the necessity of reopening the abdomen on account of a leakage in the ducts, thus allowing the bile to escape into the cavity. He thinks it is a better plan not to suture the gall bladder to the parietal peritoneum on account of adhesions formed.

Dr. Wyatt Heflin states that Robson insists on the drainage tube being large enough. He sutures the tube to the gall bladder with cat gut and removes in ten days. He always passes a sound through the common duct beyond the intestinal opening to see that it is clear.

Dr. Brown, in closing, states that he considered the character of the drain used, and thinks that the bile will flow as well through the cigarette drain as through the tube. When drainage was removed in the case reported the bile was flowing into the intestine. He thinks that adhesions will form whether the gall bladder is sutured or merely pulled up against the parietal peritoneum.

Dr. Wilder spoke of a remarkable case seen at St. Vincent's. The case was not seen until two weeks after injury, the patient having no treatment in the meantime. He diagnosed pus in the abdominal cavity, and on opening, removed a gallon or more. The bladder was found badly ruptured but was not interferred with. Patient made a final recovery with perfect control.

Dr. Duncan believes that the differential diagnosis between shock and shock with hemorrhage added should be made by a blood count.

Dr. Mason, in closing, called attention to the value of rapid pulse in diagnosing increasing shock. If hemorrhage is diagnosed, immediate operation should be performed. He thinks Dr. Duncan's point in regard to blood count is good.

MISCELLANEOUS BUSINESS.

Dr. Rosser offered the following resolutions, which were adopted:

"In view of the roster of the J. C. M. S. having reached such a large number, be it resolved, that hereafter call of the roll be dispensed with, and the Secretary be requested to register the number of those present at each meeting."

Dr. Wilder moves that the Secretary be instructed to extend a vote of thanks to Dr. Thayer for his lecture, and to the First Baptist Church for the use of their building for same.—Carried.

There being no further business the Society adjourned.

J. R. Snyder, Secretary pro tem. L. G. Woodson, President.

Birmingham, Ala., June 13, 1904.

The Jefferson County Medical Society was called to order by President L. G. Woodson. The minutes of the previous meeting were read and approved.

Drs. T. J. Springfield and Ashworth were elected members of the Society.

The Essayist for the evening was Dr. A. F. Toole.

Subject. "Tendon Transplantation."

DISCUSSION.

Dr. W. T. Berry does not think that the operation is all that should be desired from a curative standpoint. There seems to be a difference of opinion as to what constitutes a cure. The operation has proven a success for the correction of the deformity, but does not restore the part to a normal condition. He gave some statistics as gathered at the Ruptured and Crippled Hospital, showing about sixty per cent benefited, while thirty to forty per cent. were improved.

Dr. Harkness spoke of a case resulting from a comminuted fracture of both bones of the leg where the tendons were adherent.

Dr. Toole, in closing, states that he does not think a cure should be claimed, but all cases in proper hands can certainly be benefitted. The operation should be done early in order to prevent secondary changes. It is absolutely necessary that we have union, and that to the periosteum is best.

REPORT OF CASES.

Dr. W. T. Berry reported three cases of tubercular knee joint affection.

Dr. P. L. Cocke asks as to the value of tuberculin as a diagnostic aid.

Dr. Rogers emphasized the importance of an early diagnosis and related a case showing negligence on the part of the family even after a diagnosis of tubercular hip had been made.

Dr. McLester does not think tuberculin very satisfactory as a diagnostic aid.

Dr. Lupton thinks tuberculin has been very satisfactory. It seems to increase the severity of the local manifestations.

Dr. Wilder asks what part injury plays as a predisposing factor.

Dr. Toole don't think injuries play a very important part considering the number of injuries received where you have no tubercular process following. Slight injuries seem to act more as a predisposing factor than severe ones, as in the latter we have a congestion of the part which he believes would retard an acute inflammatory process. He also emphasized the importance of early diagnosis.

Dr. T. A. Casey thinks that any injury will act as a predisposing cause.

Dr. Berry, in closing, stated that he thinks tuberculin has been unsatisfactory as a diagnostic agent. Any violence to the joint, as strain, over-work, or injury, predisposes.

MISCELLANEOUS BUSINESS.

Dr. T. D. Parke introduced to the society Dr. Payne, who has been detailed for special work in the investigation of the merits of anti-dysenteric serum.

On motion by Dr. Parke, duly seconded and carried, Dr. Payne was given the privileges of the floor and addressed the Society on the above subject, outlining what had been done and what they expected to do during the coming summer on this line of work.

On motion, duly seconded, the resolution for the amendment of by-laws "that no money other than regular expenses be voted at any meeting, but lay over for consideration until the subsequent meeting," was carried.

There being no further business, the Society adjourned.

L. G. Woodson, President,
A. W. Sims, Secretary.

City Hall, Birmingham, Ala., June 27, 1904.

The Jefferson County Medical Society was called to order by the President, L. G. Woodson. The minutes of the previous meeting were read and approved.

Dr. N. P. Cocke applied for membership. Recommended by Drs. A. W. Sims and P. L. Cocke.

ESSAY.

The Essayist for the evening was Dr. J. S. McLester. Subject: "The Significance of a Heart Murmur."

DISCUSSION.

Dr. Parke thinks the subject a very important one, especially as to accidental murmuring. He related a personal experience with an accidental murmur, which disappeared in the course of three days under appropriate treatment. He spoke of several cases in his practice. The prognostic value of the murmur itself is not great, and we must be governed by the concomitant symptoms than by the character of the murmur itself. It is often the case that the heart's action is so rapid that a murmur cannot be detected, and can only be found when the pulse has been slowed. He also related a case of a foetal heart murmur, and examined the child after birth and found that the murmur was still present. The child died in the course of one or two hours and an autopsy was held, but he failed to find any cause.

Dr. Mason. The patient always wants to know the prognosis immediately, also how he should conduct himself. He spoke of exercise and its effect on the heart muscle itself and on blood pressure.

Dr. Purifoy spoke of fatty degeneration and fatty infiltration of heart muscle and the method of their production.

Dr. McLester, in closing, thanked the Society for the discussion. He thinks the foetal heart murmur in Dr. Parke's case was due more to a depraved condition of the blood than to any organic change in the circulatory apparatus.

MISCELLANEOUS BUSINESS.

Dr. Wilder called attention to the fact that the court house is to be enlarged, and thinks that some arrangement should be made looking to permanent quarters for the Society.

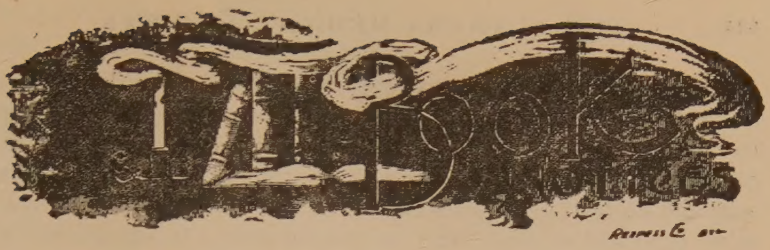
Dr. Talley agrees with Dr. Wilder and thinks that some steps should be taken immediately to this end.

Dr. McLester moves that the President appoint a committee to secure a permanent meeting place for the Society. Carried.

On motion by Dr. J. M. Mason, duly seconded and carried, the Secretary was instructed to revise the constitution and by-laws of the Society and have a sufficient number printed for distribution.

Society adjourned.

L. G. Woodson, President.
A. W. Sims, Secretary.



MATERIA MEDICA FOR NURSING. Second Edition. Revised. By Emily A. M. Stoney, Superintendent of the Training School for Nurses in the Carney Hospital, South Boston, Mass. Beautiful 12 mo volume of 300 pages. Second edition, thoroughly revised. Philadelphia, New York, London: W. B. Saunders and Company, 1904. Cloth, $1.50 net.

This little work on Materia Medica has proved of great value to the nursing profession, evidenced by the demand for a second edition. The statements are not only clear and definite, but the information given can be relied upon as being accurate. In making the revision for this new second addition, the entire text shows evidence of having been gone over with the greatest care. All the new drugs which have been shown to be of actual therapeutic value have been included, their preparations, uses, and doses being clearly and fully described. A valuable feature of the work is the Appendix, containing such practical matter as Poison-Emergencies, Dose-Lists, Weights and Measures, etc., as well as a Glossary of the terms used in materia medica. There is no doubt in our minds but that this little work is the best of its kind.

MASSAGE AND MEDICAL GYMNASTICS.

A TEXT-BOOK OF MECHANO-THERAPY (Massage and Medical Gymnastics). Second Revised Edition, Greatly Enlarged and Reset. For Medical Students, Trained Nurses, and Medical Gymnasts. By Axel V. Grafstrom, B. Sc., M. D., Attending Physician to the Gustavus Adolphus Orphanage, Jamestown, N. Y. Second edition, revised, enlarged, and entirely reset. 12 mo of 200 pages, fully illustrated. Philadelphia, New York, London: W. B. Saunders and Company, 1904. Cloth, $1.50 net.

The second edition of this useful little work has been entirely rewritten, reset, and very much enlarged. Two chapters have been added—one on Massage of the Eye, Ear, Nose, and Throat, and the other on Pelvic Massage. Seventeen new illustrations have also been added. The author states that his object has been to present a work

that would be useful as a text-book to students, trained nurses, and medical gymnasts, and as a reference book for the general practitioner, and in our opinion he has fully accomplished his purpose. It is certainly a practical and clear consideration of the subjects of massage and medical gymnastics, and it is with pleasure that we recommend it to our readers. The mechanical get-up is all that could be desired.

DISEASES OF THE NOSE AND THROAT. Third Edition, Thoroughly Revised and Enlarged. By D. Branden Kyle, M. D., Professor of Laryngology and Rhinology, Jefferson Medical College, Philadelphia; Consulting Larynologist, Rhinologist and Otologist, St. Agnes Hospital. Third Edition. Thoroughly Revised and Enlarged. Octavo volume of 669 pages, with 175 illustrations, and 6 chromo-lithographic plates, Philadelphia, New York, London: W. B. Saunders and Company, 1904. Cloth, $4.00 net; Sheep or Half Morocco, $5.00 net.

In presenting to the profession the third edition of this work the general plan of the previous editions has not been materially altered. The entire book has been carefully revised and such additions have been made as were rendered necessary by recent medical progress. The most important alternations and additions have been made in the chapters on Keratosis, Epidemic Influenza, Gersuny's Paraffine Method for the correction of Nasal Deformities, and in the one on the X-Rays in the treatment of Carcinoma. The etiology and treatment of Hay Fever have been partially rewritten and much enlarged, as has also the operative treatment of Deformities of the Nasal Septum. In the chapter devoted to general considerations of Mucous Membranes and Hay Fever the author records the results of his experience in the chemistry of the saliva and nasal secretions in relation to diagnosis and treatment. The literature has been carefully reviewed, and a number of new illustrations added, thus bringing the work absolutely down to date.

AN EDITORIAL FOOT-NOTE FROM THE DECEMBER (1903) ALKALOIDAL CLINIC:

The ascestral foundation of all the liquid antiseptics before the medical profession is Listerine; happy in name, happy in formula, and happy in time of birth. It has been, is, and ever will be, first and foremost in this field. The Lambert Pharmacal Company is to be congratulated on its success.